

# NHSN for Long-term Care Facilities

Part 1 – Enrollment  
MDCH SHARP Unit  
April 10, 2014

## What is NHSN?

- The National Healthcare Safety Network (NHSN) is an internet-based surveillance system that monitors Healthcare-Associated Infection (HAI) data
- It maintains data security, integrity, and confidentiality.
- It provides a way for users to share data in a timely matter.
- There is no fee to use NHSN.

## General Purposes of NHSN

- Assist facilities in developing surveillance and analysis that permits:
  - Timely recognition of problems
  - Prompt intervention with appropriate measures (i.e. isolation of patient, etc.)
- Provides facilities with data that can be used for:
  - Internal quality improvement activities
  - Internal or local facility comparisons

## Specific Purposes of NHSN

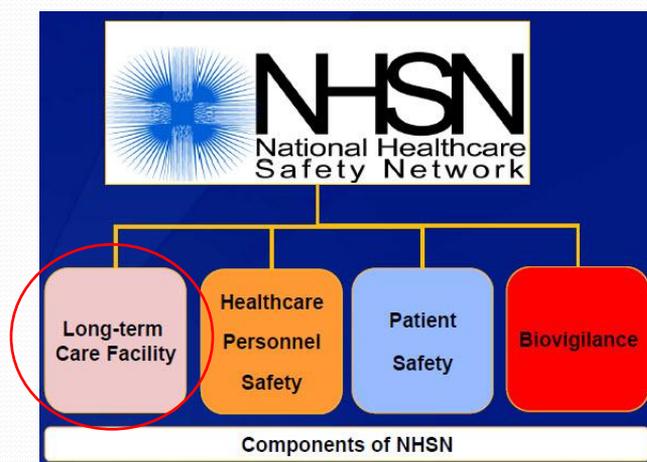
### Gail's *C. difficile* Initiative:

- Provides a standardized surveillance method recognizing that long term care facilities have unique standards that acute care hospitals don't have
- Provides SHARP Unit with data to monitor *C. difficile* lab ID reports
- Provides your facility with data to monitor progress with your prevention efforts

## Goals of Infection Surveillance

- Determine frequency of *C. difficile*
- Identify new or increasing *C. difficile* infections which require further investigation
- Use data to support and evaluate new prevention strategies

## Components within NHSN



## NHSN Overview for LTC Facilities

- LTC Facilities can enroll in two NHSN Components:
  - Long-term Care Facility Component (this is what you'll need for the MRSA/CDI Collaborative)
  - Healthcare Personnel Safety Component (this is optional and will allow you to track flu vaccinations in healthcare personnel)

## LTC Component Modules

- HAI Module:
  - You can monitor Laboratory Identified (LabID) Events
    - C. difficile (CDI)
    - Multidrug-resistant Organisms (MDROs) – including MRSA
  - You can monitor urinary tract infection events
    - Both catheter- and non catheter-associated
  - You can monitor prevention process measures
    - Hand hygiene, gown and glove use

# Enrollment

## NHSN Enrollment Web Site

Go to:

<http://www.cdc.gov/nhsn>

# NHSN Home Page

Centers for Disease Control and Prevention  
CDC 24/7 Saving Lives. Protecting People.™

A-Z Index A B C D E F G H I J K L M N O P Q R S T U V W X Y Z #

## National Healthcare Safety Network (NHSN)

CDC's National Healthcare Safety Network is the nation's most widely used healthcare-associated infection tracking system. NHSN provides facilities, states, regions, and the nation with data needed to identify problem areas, measure progress of prevention efforts, and ultimately eliminate healthcare-associated infections.

In addition, NHSN allows healthcare facilities to track blood safety errors and important healthcare process measures such as healthcare personnel influenza vaccine status and infection control adherence rates.

**Drug Resistance**  
Superbugs ranked, CDC outlines four core actions to halt resistance. [Learn More](#)

**ANTIBIOTIC RESISTANCE THREATS in the United States, 2013**

Email page link  
Print page

**NHSN Login**  
Tips for navigating the new NHSN website [PDF - 1.6 MB]

**Contact NHSN:**

Centers for Disease Control and Prevention  
National Healthcare Safety Network  
MS-A24  
1600 Clifton Rd  
Atlanta, GA 30333  
Contact [NHSN@cdc.gov](mailto:NHSN@cdc.gov)

**Contact Us:**

Centers for Disease Control and Prevention  
1600 Clifton Rd  
Atlanta, GA 30333  
800-CDC-INFO (800-232-4636)  
TTY: (888) 232-6348  
New Hours of Operation  
8am-8pm ET/Monday-Friday  
Closed [Holidays](#)  
Contact [CDC-INFO](mailto:CDC-INFO)

**About NHSN**  
CDC's NHSN is the largest HAI reporting system in the U.S.

**Data & Reports**  
See national and state reports using NHSN data.

**HICPAC Guidelines and Recommendations**  
Review CDC HAI prevention guidelines.

**New to NHSN? Enroll Facility Here.**  
For first time facility enrollment.

**Reporting & Surveillance Resources for Enrolled Facilities**  
Training, protocols, forms, support materials, analysis resources, and FAQs.

**Group Users**  
View resources for group users here.

**LEARNING**  
Trainings / Demos

**Newsletters / Members Meeting Updates**

**E-mail Updates**

**State-based HAI Prevention Activities**

**HIPAA Privacy Rule**

# Facility Enrollment

Recommend Tweet Share

## Facility Enrollment

### Select Your Facility Type

**Acute Care Hospitals/Facilities**  
Enrollment for urgent care or other short-term stay facilities (e.g., critical access facilities, oncology facilities, military/VA facilities).

**Outpatient Dialysis Facilities**  
Enrollment for outpatient dialysis clinics.

**Long-term Acute Care Facilities**  
Enrollment for long-term acute care hospitals (LTACs).

**Inpatient Rehabilitation Facilities**  
Enrollment for inpatient rehabilitation hospitals.

**Long-term Care Facilities**  
Enrollment for long-term care facilities, nursing homes, assisted living and residential care, chronic care facilities, and skilled nursing facilities.

**Ambulatory Surgery Centers**  
Enrollment for outpatient surgery centers or same day surgery centers.

# LTC Enrollment Page

The screenshot shows the NHSN enrollment page for Long-term Care Facilities. The page is titled "5-Step Enrollment for Long-term Care Facilities" and is divided into two main sections: "Step 1: Training and Preparation" and "Step 2: Register".

**Step 1: Training and Preparation**

- Print and follow **detailed checklist** (PDF - 113 KB) to ensure successful and efficient enrollment.
- Complete the **Annual Facility Survey for LTCF** (PDF - 66 KB) January 2013.
- Table of Instructions - Annual Facility Survey for LTCF** (PDF - 100 KB)
- Complete required training: **Long-term Care Facility (LTCF) Component Training** (Portfolio PDF - 4.64 MB)
- Be sure to check trusted websites and spam blockers.
- Time to complete step 1: 2 hours, 45 minutes**

**Step 2: Register**

- Agree to **Rules of Behavior** and register facility with NHSN using CMS Certification Number (CCN) or CDC assigned enrollment ID.
- Time to complete step 2: 10 minutes**

Immediately after registration, you will receive an NHSN email, subject: "Welcome to NHSN"

## Step 1: Training and Preparation

- Complete LTC facility component training - [www.cdc.gov/nhsn/LTC/enroll.html](http://www.cdc.gov/nhsn/LTC/enroll.html)
- This website training includes an overview of the LTC Component, detailed instructions on NHSN enrollment, and NHSN set-up (the focus of our next call)
- Complete LTC facility component annual survey on paper (will use this later) – link is on website
- Change spam blocker settings to allow all [nhsn@cdc.gov](mailto:nhsn@cdc.gov) and [phintech@cdc.gov](mailto:phintech@cdc.gov) emails

# LTC Enrollment Page

**5-Step Enrollment for Long-term Care Facilities**

Note: Once your facility is enrolled in NHSN, you can add additional reporting options using your monthly reporting plan within the NHSN application. You do not need to re-enroll for each type of infection reported.

**Step 1: Training and Preparation**

Print and follow **detailed checklist** [PDF - 1.13 KB] to ensure successful and efficient enrollment.

Complete the **Annual Facility Survey for LTCF** [PDF - 66 KB] January 2013

**Table of Instructions – Annual Facility Survey for LTCF** [PDF - 100 KB]

Complete required training: **Long-term Care Facility (LTCF) Component Training** [Portfolio PDF - 4.54 MB]

Be sure to check trusted websites and spam blockers

**Time to complete step 1: 2 hours, 45 minutes**

**Step 2: Register**

Agree to **Rules of Behavior** and register facility with NHSN using CMS Certification Number (CCN) or CDC assigned enrollment ID.

**Time to complete step 2: 10 minutes**

Immediately after registration, you will receive an NHSN email, subject: "Welcome to NHSN"

## Step 2 – Register Facility

- Agree to the Rules of Behavior – link is on website
- Complete Facility Registration form
  - You will need your facility's CMS Certification Number. If your facility does not have this number, contact CDC at [NHSN@cdc.gov](mailto:NHSN@cdc.gov) to receive an enrollment number.
  - Submit Facility Registration Form to CDC.
- Once you have officially registered, you will receive a "Welcome to NHSN" email with further instructions.

## LTC Enrollment Page, cont...

The screenshot displays the LTC Enrollment Page with the following steps and details:

- Time to complete step 2: 10 minutes**
- Immediately after registration, you will receive an NHSN email, subject: "Welcome to NHSN"
- Step 3a: Request Digital Certificate**
  - Use the password provided in the "Welcome to NHSN" email to enroll in the Secure Data Network (SDN) and request the "NHSN Enrollment" activity. Successful enrollment in SDN will automatically generate a request for your digital certificate.
  - Tip: Make a copy of your challenge phrase (password), noting upper and lower case letters and special characters.
  - Time to complete step 3a: 16 minutes**
- Immediately receive NHSN email, subject: "NHSN Digital Certificate Confirmation."
- Step 3b: Install Digital Certificate**
  - Within 3 business days receive PHN email, "Action Required" and install digital certificate using instructions provided. Save a copy of your digital certificate.
  - Time to complete step 3b: 35 minutes**
- Step 4: Submit Forms Electronically**
  - Log in to SDN using your challenge phrase (password) and select NHSN Enrollment. Submit required forms.
  - Time to complete step 4: 32 minutes**

The screenshot also includes a sidebar with "NHSN Manuals" (Dialysis Event Surveillance Manual, Healthcare Personnel Safety Component Manual, Biovigilance Component Protocol) and "Contact NHSN" information (Centers for Disease Control and Prevention, National Healthcare Safety Network, 1600 Clifton Rd, Atlanta, GA 30333, 800-CDC-INFO, etc.).

## Step 3: SAMS Certification

- SAMS = Secure Access Management Services
- Federal system that gives authorized personnel secure access to NHSN. Replaces the use of digital certificates.
- After you complete your training and accept the rules of behavior, you will receive an invitation to SAMS from "SAMS No-Reply (CDC)". This is a valid and official email from CDC.

## Important Things to Note

- SAMS certification is one-person specific.
- There can be multiple users in each facility, however, each user must have their own SAMS certification.
- Facility must designate a NHSN Facility Administrator. This person can give “rights” to other users in the facility.

## SAMS Registration Process

### Step 1: Receive an invitation to register for SAMS

Step		Time
1a	Log in to the SAMS application using assigned username (i.e., your current email address) and temporary password from the invite email	2 Min
1b	Accept the SAMS Rules of Behavior	5 Min
1c	Complete the SAMS Registration Form	5 Min

## SAMS Registration Process

### Step 2: Complete and submit identity verification documents to CDC

Step		Time
2a	Receive SAMS registration confirmation email, print the attached verification form	5 Min
2b	Take the Identity Verification Form to a notary public for endorsement	Varies
2c	Mail or fax the endorsement verification forms and supporting documents back to CDC	Varies

## SAMS Registration Process

### Step 3: Access NHSN using SAMS credentials

Step		Time
3a	Receive confirmation from CDC that forms were received (correspondence via email and US Postal Service)	Varies
3b	Receive welcome emails from SAMS and the NHSN Program	Varies
3c	Receive SAMS grid card delivered to your home address	Varies
3d	Access NHSN: <ul style="list-style-type: none"> <li>• If you are a newly enrolling facility, the facility admin will require access to NHSN Enrollment</li> <li>• If you are any other NHSN user, you will access NHSN Reporting</li> </ul>	2 Min

## LTC Enrollment Page, cont...

**NHSN Manuals**

- Dialysis Event Surveillance Manual [PDF - 1.65 MB]
- Healthcare Personnel Safety Component Manual [PDF - 1.96 MB]
- Biovigilance Component Protocol [PDF - 326 KB]

**Time to complete step 2: 10 minutes**

Immediately after registration, you will receive an NHSN email, subject "Welcome to NHSNI"

**Step 3a: Request Digital Certificate**

Use the password provided in the "Welcome to NHSNI" email to enroll in the Secure Data Network (SDN) and request the "NHSN Enrollment" activity. Successful enrollment in SDN will automatically generate a request for your digital certificate.

*Tip: Make a copy of your challenge phrase (password), noting upper and lower case letters and special characters.*

**Time to complete step 3a: 16 minutes**

Immediately receive NHSN email, subject "NHSN Digital Certificate Confirmation."

**Step 3b: Install Digital Certificate**

Within 3 business days receive PHN email, "Action Required" and install digital certificate using instructions provided. Save a copy of your digital certificate.

**Time to complete step 3b: 35 minutes**

**Step 4: Submit Forms Electronically**

Log in to ~~SDN~~ using your challenge phrase (password) and select NHSN Enrollment: Submit required forms.

**Time to complete step 4: 32 minutes**

**Contact NHSN:**

- Centers for Disease Control and Prevention  
National Healthcare Safety Network  
NS-824  
1600 Clifton Rd  
Atlanta, GA 30333  
Contact: [NHSN@cdc.gov](mailto:NHSN@cdc.gov)

**Contact Us:**

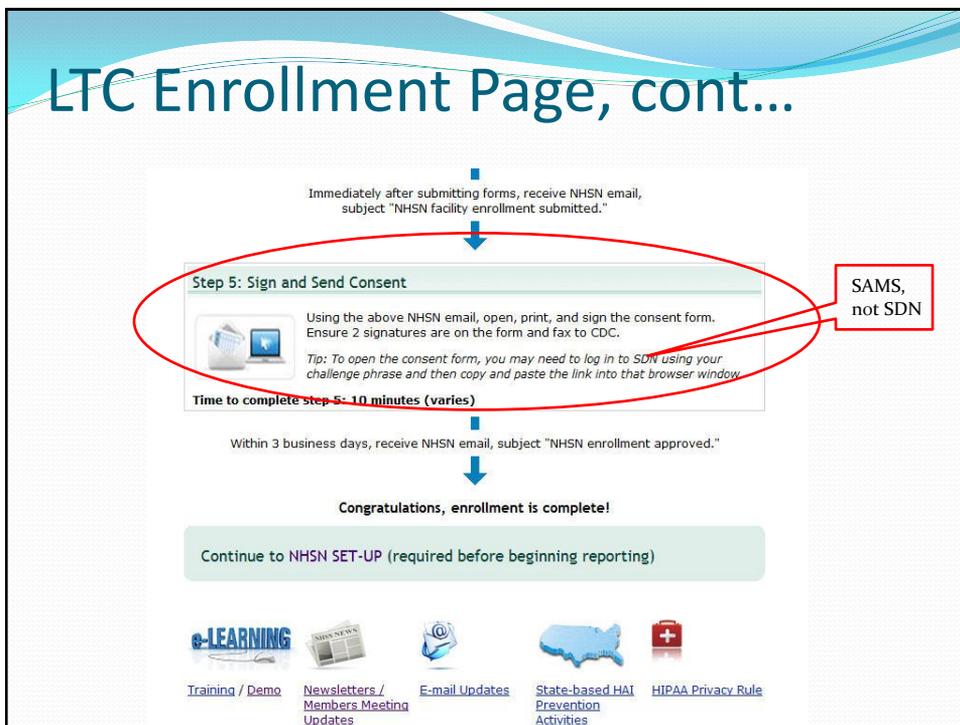
- Centers for Disease Control and Prevention  
1600 Clifton Rd  
Atlanta, GA 30333  
800-CDC-INFO (800-232-4636)  
TTY: (888) 232-6348  
New Hours of Operation  
8am-5pm ET/Monday-Friday  
Closed Holidays  
Contact\_CDC-INFO

**SAMS, not SDN**

## Step 4: Submit Forms Electronically

- Log into NHSN at <https://sams.cdc.gov> using your SAMS certificate, and select 'NHSN Enrollment'
- Submit required forms online:
  - Select Appropriate Facility Type
  - Component is Long-Term Care Facility
  - Submit Annual Survey – Note that you cannot save the annual facility survey online unless it's complete.
    - This is why it is important to have all the necessary information on a paper version of the annual facility survey before submitting electronically.

## LTC Enrollment Page, cont...



## Step 5: Sign and Send Consent

- After successfully submitting forms, you will receive an email from NHSN with the subject "NHSN Facility Enrollment Submitted", acknowledging that you have successfully registered your facility.
- Use this email to open, print, and sign the consent form.
  - This form must have a signature from the LTC Facility's Primary Contact Person and from Facility Leadership.
  - Return one signed consent form to CDC (contact info is on the bottom of pg. 3 of the document) and keep a copy for your records.

## NHSN Enrollment Page, cont...

Immediately after submitting forms, receive NHSN email, subject "NHSN facility enrollment submitted."

**Step 5: Sign and Send Consent**

Using the above NHSN email, open, print, and sign the consent form. Ensure 2 signatures are on the form and fax to CDC.

*Tip: To open the consent form, you may need to log in to SDN using your challenge phrase and then copy and paste the link into that browser window.*

**Time to complete step 5: 10 minutes (varies)**

Within 3 business days, receive NHSN email, subject "NHSN enrollment approved."

**Congratulations, enrollment is complete!**

Continue to **NHSN SET-UP** (required before beginning reporting)

**e-LEARNING**    

[Training / Demo](#) [Newsletters / Members Meeting Updates](#) [E-mail Updates](#) [State-based HAI Prevention Activities](#) [HIPAA Privacy Rule](#)

We will discuss this on the next call

## NHSN Data Collection

- Even if you aren't entering data into NHSN yet, you can start collecting data on paper in preparation for data entry
  - You can work on training in LTCF LabID Events
  - Follow the LabID Event Protocol for LTCF
  - Use the forms provided by CDC to track events, denominators (patient days, etc...), monthly reporting plans, and the facility survey

# Data Collection Tools

The screenshot shows the NHCN website interface. At the top, there's a browser address bar with a red arrow pointing to it. Below that is a navigation menu with 'Home', 'About NHCN', 'Enroll Here', 'Materials for Enrolled Facilities', 'Acute Care Hospitals/Facilities', 'Long-term Acute Care Facilities', 'Long-term Care Facilities', 'Surveillance for C. difficile and MRSA Infections', 'Surveillance for Urinary Tract Infections', 'Surveillance for Prevention Process Measures - Hand Hygiene, Gloves and Gown Adherence', 'Outpatient Dialysis Facilities', 'Inpatient Rehabilitation Facilities', 'Ambulatory Surgery Centers', 'Ventilator-Associated Event Calculator', 'FAQs about Healthcare Personnel (HCP)', 'Influenza Vaccination Summary Reporting in NHCN', 'Group Users', 'Patient Safety Analysis Resources', 'Annual Reports', 'Newsletters', 'E-mail Updates', 'CMS Requirements', and 'Clinical Document Architecture (CDA)'. The main content area is titled 'Report C. difficile, MRSA, and other Drug-resistant Infections' and includes sections for 'Resources for NHCN Users Already Enrolled' (Training, Protocols, Forms) and 'New Users - Start Here' (Step 1: Enroll into NHCN, Step 2: Set up NHCN, Step 3: Report). There are also links for 'Contact NHCN' and 'Contact Us'.

# Annual Facility Survey – pg. 1

Form Approved  
OMB No. 0925-0046  
Exp. Date: 10/31/2016  
www.gsa.gov/fpmr

**NHCN**  
National Healthcare  
Cost Reporting System

**Long Term Care Facility Component—Annual Facility Survey**

Page 1 of 2

*required for saving	Tracking #:
Facility ID:	*Survey Year:
*National Provider ID:	State Provider #:

**Facility Characteristics**

\*Ownership (check one):  
 For profit     Not for profit, including church     Government (not VA)     Veterans Affairs

\*Certification (check one):  
 Dual Medicare/Medicaid     Medicare only     Medicaid only     State only

\*Affiliation (check one):  
 Independent, free-standing     Independent, continuing care retirement community  
 Multi-facility organization (chain)     Hospital system, attached     Hospital system, free-standing

In the previous calendar year:  
 \*Average daily census: \_\_\_\_\_  
 \*Total number of short-stay residents: \_\_\_\_\_    Average length of stay for short-stay residents: \_\_\_\_\_  
 \*Total number of long-stay residents: \_\_\_\_\_    Average length of stay for long-stay residents: \_\_\_\_\_

\*Total number of new admissions: \_\_\_\_\_    \*Number of Pediatric Beds (age <21): \_\_\_\_\_

Indicate which of the following primary service types are provided by your facility. On the day of this survey, indicate the number of residents receiving those services (list only one service type per resident, i.e. total should sum to resident census on day of survey completion):

Primary Service Type	Service provided?	Number of residents
a. Long-term general nursing:	<input type="checkbox"/>	_____
b. Long-term dementia:	<input type="checkbox"/>	_____
c. Skilled nursing/Short-term (subacute) rehabilitation:	<input type="checkbox"/>	_____
d. Long-term psychiatric (non dementia):	<input type="checkbox"/>	_____
e. Ventilator:	<input type="checkbox"/>	_____
f. Bariatric:	<input type="checkbox"/>	_____
g. Hospice/Palliative:	<input type="checkbox"/>	_____
h. Other:	<input type="checkbox"/>	_____

**Infection Control Practices**

\*Total staff hours per week dedicated to infection control activity in facility:  
 a. Total hours per week performing surveillance: \_\_\_\_\_  
 b. Total hours per week for infection control activities other than surveillance: \_\_\_\_\_

Continued >>

Assurance of Confidentiality: The surveillance information obtained in this surveillance system that would permit identification of any individual or institution is considered such a guarantee that all such data is confidential, will be used only for the purposes stated, and will not otherwise be disclosed without the consent of the individual, or the institution in accordance with Sections 306, 305 and 308(d) of the Public Health Service Act (42 U.S.C. 242c, 242d, and 242n(e)).

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Officer, 1600 Clifton Road, NE, Atlanta, GA 30333-ATTP, PMA 0925-0046.

5025-01-107 (Rev. 08-2012)

# Annual Facility Survey – pg. 2

Form Approved  
 OMB No. 0935-0046  
 Exp. Date: 10/31/2014  
 www.ahr.gov/ahr

**N-HSN**  
National Health Service

**Long Term Care Facility Component—Annual Facility Survey**

Page 2 of 2

**Facility Microbiology Laboratory Practices**

\*1. Does your facility have its own laboratory that performs microbiology/antimicrobial susceptibility testing?  
 Yes     No  
 If No, where is your facility's antimicrobial susceptibility testing performed? (check one)  
 Affiliated medical center, within same health system     Medical center, contracted locally  
 Commercial referral laboratory     Other (specify): \_\_\_\_\_

\*2. Indicate whether your facility screens new admissions for any of the following multidrug-resistant organisms. (check all that apply)  
 We do not screen new admissions for MDROs  
 Methicillin-resistant *Staphylococcus aureus* (MRSA)  
 If checked, indicate the specimen types sent for screening: (check all that apply)  
 Nasal swabs     Wound swabs     Sputum     Other skin site  
 Vancomycin-resistant *Enterococcus* (VRE)  
 If checked, indicate the specimen types sent for screening: (check all that apply)  
 Rectal swabs     Wound swabs     Urine  
 Multidrug resistant gram-negative rods (includes carbapenemase resistant Enterobacteriaceae; multidrug-resistant *Acinetobacter*, etc.)  
 If checked, indicate the specimen types sent for screening: (check all that apply)  
 Rectal swabs     Wound swabs     Sputum     Urine

\*3. What is the primary testing method for *C. difficile* used most often by your facility's laboratory or the outside laboratory where your facility's testing is performed? (check one)  
 Enzyme Immunoassay (EIA) for toxin     GDH plus NAAT (2-step algorithm)  
 Cell cytotoxicity neutralization assay     GDH plus EIA for toxin, followed by NAAT for discrepant results  
 Nucleic acid amplification test (NAAT) (e.g., PCR, detection of toxin)  
 Toxigenic culture (*C. difficile* culture followed by LAMP)  
 Glutamate dehydrogenase (GDH) antigen plus EIA for toxin (2-step algorithm)     Other (specify): \_\_\_\_\_

\*Other: should not be used to name specific laboratories, reference laboratories, or the brand names of *C. difficile* tests; most methods can be categorized accurately by selecting from the options provided. Please ask your laboratory, refer to the Tables of Instructions for this form, or conduct a search for further guidance on selecting the correct option to report.

**Electronic Health Record Utilization**

\*Indicate whether any of the following are available in an electronic health record (check all that apply):  
 Microbiology lab culture and antimicrobial susceptibility results     Medication orders  
 Medication administration record     Resident vital signs  
 Resident admission notes     Resident progress notes  
 Resident transfer or discharge notes     None of the above

CDC 87-137 (8/04) Rev 2/11

Form Approved  
 OMB No. 0935-0046  
 Exp. Date: 10/31/2014  
 www.ahr.gov/ahr

**N-HSN**  
National Health Service

**Laboratory-identified MDRO or CDI Event for LTCF**

Page 1 of 1

**Required for Listing**

Facility ID:	Event #:
*Resident ID:	*Social Security #:
Medicare number (or comparable railroad insurance number):	
Resident Name, Last:	First: Middle:
*Gender: M F Other	*Date of Birth: / /
Ethnicity (specify):	Race (specify):
*Resident type: <input type="checkbox"/> Short-stay <input type="checkbox"/> Long-stay	*Date of Current Admission to Facility: / /
*Date of First Admission to Facility: / /	*Date of Current Admission to Facility: / /

**Event Details**

*Event Type: LabID	*Date Specimen Collected: / /
*Specific Organism Type: (check one)	
<input type="checkbox"/> MRSA <input type="checkbox"/> MSSA <input type="checkbox"/> VRE <input type="checkbox"/> <i>C. difficile</i> <input type="checkbox"/> CapSI/Acibactin <input type="checkbox"/> CRE-E. coli <input type="checkbox"/> CRE-Acibactin <input type="checkbox"/> MDRO-Acibactin	
*Specimen Body Site/System:	*Specimen Source:
*Resident Care Location:	
*Primary Resident Service Type: (check one)	
<input type="checkbox"/> Long-term general nursing <input type="checkbox"/> Long-term dementia <input type="checkbox"/> Long-term psychiatric <input type="checkbox"/> Skilled nursing/Short-term rehab (subacute) <input type="checkbox"/> Ventilator <input type="checkbox"/> Bariatric <input type="checkbox"/> Hospice/Palliative	
*Has resident been transferred from an acute care facility in the past 3 months? Yes No	
If Yes, date of last transfer from acute care to your facility: / /	
If Yes, was the resident on antibiotic therapy for this specific organism type at the time of transfer to your facility? Yes No	

**Custom Fields**

Label: _____ / /	Label: _____ / /
_____ / /	_____ / /
_____ / /	_____ / /
_____ / /	_____ / /
_____ / /	_____ / /

**Comments**

Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is maintained and transmitted in a confidential manner, with the use only of de-identified information. We will not disseminate or disclose or release without the consent of the individual, or the institution in accordance with Sections 261, 262 and 264(d) of the Public Health Service Act (42 USC 262a, 262b, and 262d(4)).

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and reviewing and reviewing the collection of information. We agree not to collect or use information unless it is necessary for the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Resource Clearance Officer, 1600 Clifton Rd., NE, DC 20445, Atlanta, GA 30333, 4779. FAX (202)295-9099.

CDC 87-138 v1.0

# LabID Denominator Form



**NHSN**  
National Healthcare  
Security Network

Form Approved  
OMB No. 0935-0066  
Exp. Date: 03/31/2016  
www.gsa.gov/fpmr

**Denominators for LTCF**

Page 1 of 1      \*Location Code:      \*Month:      \*Year:      \*required for saving

Date	Number of residents	Number of residents with a urinary catheter	Number of admissions
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
<b>Total</b>			
	<b>Resident-days</b>	<b>Urinary catheter-days</b>	<b>Resident-admissions</b>
Label			
Date			

**Assurance of Confidentiality:** The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution's representative, or the Secretary, DHS, HHS, DOD, or the Public Health Service Act, including 42 CFR, 200.10, and 42 CFR, 200.11. Reporting under this assurance of confidentiality is available to all agencies that are authorized to receive information from the reporting institution, including data centers, gathering and maintaining the data received, and compiling and analyzing the collection of information. An agency may not contract or sponsor, and a person is not required to report, for a collection of information unless it displays a complete and valid OMB control number. Data centers supporting the burden estimate in any other manner of this collection of information is exempt from OMB control number. Data centers supporting the burden estimate in any other manner of this collection of information, including suggestions for reducing this burden to CDC, Reports Clearance Office: 1600 Clifton Ave., MD-D-14, Atlanta, GA, 30333, Atlanta, GA (404)202-9600.

## Next Steps

- Next Call: **May 21, 2014** at 10am
  - NHSN Set-up
    - Map Locations
    - Create Monthly Reporting Plan
    - Add additional Users and Assign Rights
    - Report to NHSN
- This is a good date to have in mind when you are working on enrolling your facility – try to have enrollment completed prior to this date.

# Thank You!

Any questions, please contact:

Allison Murad, MPH

[murada@michigan.gov](mailto:murada@michigan.gov)

517-335-8199

Judy Weber, MPH

[weberj4@michigan.gov](mailto:weberj4@michigan.gov)

517-335-8331